

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME Johnston		b. Date Submitted 11/30/09 Resubmitted 1/11/10
c. Name of Proposed LME Alternative Service Assertive Engagement: A Statewide Alt Service Definition as of Jan 2011 - YA361		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-09 to 6-30-10 </div>		
e. Submitted by LME Staff (Name & Title) Janis Nutt, PhD, Area Director	f. E-Mail Janis.nutt@johnstonnc.com	g. Phone No. 919-989-5500

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to

track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service

(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)

Complete items 1 through 28, as appropriate, for all requests.

1	<p>Alternative Service Name, Service Definition and Required Components</p> <p>Assertive Engagement is a service to adults and/or children who have severe or serious mental illness or substance abuse and who do not effectively engage with treatment services. Assertive engagement addresses consumers who meet medical necessity criteria for more intensive outpatient treatment services, but who are not willing to commit to a comprehensive treatment plan or who have a history of poor follow-through or compliance in treatment. Assertive engagement addresses consumers in crisis who are not receptive or prepared to enter into a comprehensive treatment plan, but who require initial flexible contacts to allow monitoring of their condition and establishment of a therapeutic alliance to promote involvement in a more long-term, comprehensive and appropriate treatment plan. Assertive Engagement also may be needed when a consumer's clinical condition changes requiring a more intensive level of care. Assertive Engagement includes active outreach to the consumer, which allows flexibility in order to meet the consumers' particular needs in their own environment or current location. Assertive Engagement includes education regarding a consumer's disorder, motivational enhancement to maintain and increase the consumer's commitment to change, and supportive contacts until the consumer is effectively engaged in more long-term treatment. This service includes face-to-face contacts as well as telephone contacts. This is a short-term service to address consumer groups (high risk, specialized needs) or specific situations that interfere in the individual actively participating in needed care.</p>
2	<p>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</p> <ul style="list-style-type: none">• Consumer special services need(s) outside of current service array• Special service delivery issues <p>Johnston County Mental Health Center experiences a high volume of referrals from inpatient care or from crisis services, many of whom are difficult to engage in outpatient services after discharge. Assertive engagement addresses consumers who have severe or serious mental illness and/or addiction, but who do not follow-through with treatment recommendations. These consumers present high risk for crisis, hospitalization or involvement with law enforcement. Assertive engagement provides reimbursement for activities that precede the development of a person-centered plan and precede the commitment of a consumer to a specific treatment plan. Successful engagement results in the consumer establishing a relationship with a long-term treatment provider, with the consumer participating in and committing to a treatment plan, and establishing a therapeutic alliance with a provider. There is no service in the IPRS service array that permits billing and payment for providers who must work to build relationships in a variety of settings, including inpatient facilities, facility based crisis and in the community. The most comparable service, Assertive Outreach, is intended for homeless individuals only, and is an attempt to engage individuals until the case is formally opened. Johnston County Mental Health Center needs to find a way to fund providers to work with difficult cases, which may or may not be formally opened, to promote treatment engagement and retention as a way of reducing the need for crisis services and stopping the cycle of readmission to higher levels of care.</p>
3	<p>Description of service need(s) to be addressed exclusively through State funds for which</p>

	<p>Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</p> <p>Assertive Engagement is a method of outreach to individuals who have severe and/or serious mental illness and/or addictive disorders, and who have not effectively engaged with treatment for the disorder(s). These consumers have a history of erratic or non-engagement in treatment, associated with utilization of crisis services, hospitalizations and involvement with law enforcement. Medicaid reimburses initial assessments and formal treatment—therapy, enhanced benefit services—but does not reimburse for activities designed to assertively draw an ambivalent consumer into treatment. Medicaid does not allow billing in hospital settings, where it may be necessary for outpatient providers to remain involved while consumers are in these facilities as well as participate in treatment/discharge planning for potential consumers.</p>
4	<p>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one)</p> <p><input type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input checked="" type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	<p>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 300</p>
6	<p>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service Unknown, will gather baseline data the first year.</p>
7	<p>Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply)</p> <p><u>Assessment Only:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input checked="" type="checkbox"/> AMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input checked="" type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS Average Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same</p>

	<p>service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p>\$15.00 QP</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service To determine the rate for this service, we took the average per unit cost of community support and assertive outreach and decreased it by 15%. We feel that this new service encompasses components of both CSS and AO. The average rate is applicable to meet this need.</p>
11	<p>Provider Organization Requirements Assertive Engagement services must be delivered by practitioners employed by mental health or substance abuse provider organizations that</p> <ul style="list-style-type: none"> • Meet the provider qualification policies, procedures and standards established by the Division of Medical Assistance • Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS) and • Fulfill the requirements of 10A NCAC 27G
12	<p>Staffing Requirements by Age/Disability This activity may be performed by a licensed clinician or QP.</p>
13	<p>Program and Staff Supervision Requirements N/A (QP/ licensed clinician would not require supervision for this service).</p>
14	<p>Requisite Staff Training HIPAA/MH Confidentiality; Motivational Enhancement training completed within the first 90 days</p>
15	<p>Service Type/Setting Assertive Engagement is intended to be flexible in its approach to meet the needs of consumers in their own setting or current location which may include a variety of settings in the community as well as hospitals, or crisis centers. Assertive engagement is primarily face-to-face, but may include telephone contacts.</p>
16	<p>Program Requirements Assertive Engagement is designed to be an individual service requiring frequent contacts to build/re-establish a trusting, meaningful relationship to engage or re-engage the individual into services and/or assess for needs. The service is designed to:</p> <ul style="list-style-type: none"> • Assess for and provide linkage to the appropriate level of care • Develop and maintain meaningful engagement in services • Reduce hospitalization frequency and duration • Reduce utilization of crisis services • Provide continuity of care regardless of life circumstances or recovery environment • Improve compliance with medication
18	<p>Continued Stay Criteria N/A This is a short-term engagement service and is not designed as a long-term method of service delivery.</p>
19	<p>Discharge Criteria A. The consumer has been admitted to treatment OR B. The consumer/guardian requests discharge</p> <p>The length of stay will range between 1 to 6 weeks.</p>

20	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p>Since this is a very short-term service that in effect precedes active participation in treatment, standard outcome measurement instruments such as NC-TOPPS, MH/SA Consumer Satisfaction or NCI surveys are not applicable.</p> <p>Expected Consumer Outcomes:</p> <ol style="list-style-type: none"> 1. Decreased consumer drop-out rates 2. Enhanced recovery 3. Decreased hospitalization 4. Decreased use of crisis services 5. Decreased rate of incarceration
21	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> • <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <ul style="list-style-type: none"> • Frequency: per event
22	<p>Service Exclusions</p> <ul style="list-style-type: none"> • None
23	<p>Service Limitations</p> <p>Up to 2 hours per day for a maximum of 8 hours in a 30 day period</p>
24	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Research regarding Assertive Outreach Teams has indicated a decrease in hospitalization, an improvement in coping skills, and fewer interactions with police. www.scmh.org.uk</p>
25	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>System Level (across consumers served through this proposed alternative service definition):</p> <ul style="list-style-type: none"> • Reduction in hospitalization • Reduction in incarceration • Decreased use of crisis services
26	<p>LME Additional Explanatory Detail (as needed)</p>
27	